

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/23/2016 |
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| NAME OF PROVIDER OR SUPPLIER SHADY HARBOUR ADULT LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 908 TOM HUNTER ROAD CHARLOTTE, NC 28213 |
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| C 000 | Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a follow-up and an annual survey on August 23, 2016. | C 000 | | |
| C 176 | <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 1 of 3 sampled staff (Staff C).</p> <p>The findings are:</p> | C 176 | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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| C 176 | <p>Continued From page 1</p> <p>Review of the personnel record for Staff C revealed: -She was the owner, Administrator, and Medication Aide (MA) since 10/16/09. -There was documentation of an approved CPR certification course completed on 5/31/14 that expired 5/31/16. -There was no current documentation of an approved CPR certification course.</p> <p>Interview on 8/23/16 at 11:57 am with the facility's nurse consultant revealed: -She did the CPR training for the facility staff, but had not done training recently. -She had last done CPR training for another staff member in March 2015. -Staff C's most recent CPR training date was 5/31/14. -CPR training certification was good for two years.</p> <p>Interview on 8/23/16 at 12:10 pm with Staff C revealed: -She was not aware that her CPR certification had expired. -She had taken CPR training certification 5/31/14. -She lived at the facility and was the only staff on duty at night 7 days a week. -She had been the only staff on duty at night since her CPR expired 5/31/16 until the present date (8/23/16). -She was responsible for ensuring all staff, including herself, had the required trainings and documentation in the staff records. -The daytime staff were all current in CPR certification.</p> <p>Interviews on 8/23/16 at varying times with two residents revealed Staff C was the owner of the</p> | C 176 | | |

Division of Health Service Regulation

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| C 176 | <p>Continued From page 2</p> <p>facility and was the only staff at the facility at night.</p> <p>Interview on 8/23/16 at 12:45 pm with Staff C revealed: -She had scheduled a CPR class on 9/10/16 for her entire staff. -She had spoken with the facility nurse who taught CPR. Staff C was to study an approved on-line CPR training as per the nurse's instructions, and the nurse would complete the skills check-offs to complete Staff C's CPR certification early next week. -She had arranged for a CPR certified staff member to stay at the facility at night until she obtained her CPR certification.</p> <p>Interview on 8/23/16 at 12:45 pm with Staff A, a Certified Nursing Assistant revealed: -She confirmed that she would be at the facility at night until Staff C obtained her CPR certification scheduled for next week. -Her CPR certification was current with an expiration date of 9/30/16. -She was scheduled to attend the CPR certification class on 9/10/16.</p> <p>_____</p> <p>A Plan of Protection was provided by the facility on 8/23/16: -Immediate plan of action is to take an on-line CPR training and to follow-up with the (named) nurse next week for hands on training. (An approved online training as recommended by the nurse trainer.) -Staff currently certified in CPR would be on campus at all times. -Ongoing all staff would maintain CPR certification.</p> <p>THE DATE OF CORRECTION FOR THIS TYPE</p> | C 176 | | |

Division of Health Service Regulation

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| C 176 | Continued From page 3 B VIOLATION SHALL NOT EXCEED OCTOBER 7, 2016 | C 176 | | |
| C 236 | <p>10A NCAC 13G .0802 (a) Resident Care Plan</p> <p>10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete a care plan annually for 2 of 3 sampled residents (Resident #1 and #2).</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 5/17/16 revealed diagnoses included hypertension, diabetes type 2, sleep apnea, anemia, and chronic obstructive pulmonary disease with chronic bronchitis.</p> <p>Review of Resident #1's record revealed: -A care plan dated 6/22/15. -A current assessment dated 6/22/16 that included Licensed Health Professional Support (LHPS) tasks for finger-stick blood sugars (FSBS). -There was no careplan dated 2016. -An LHPS form dated 7/02/16 that listed FSBS as a task.</p> <p>Interview on 8/23/16 at 8:55 am with Resident #1 revealed he was independent and the facility staff</p> | C 236 | | |

Division of Health Service Regulation

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| C 236 | <p>Continued From page 4</p> <p>prepared his meals, administered medications to him, performed FSBS monitoring, and took him to his physician appointments.</p> <p>Observations of staff providing care to the resident was not conducted on 8/23/16 as he was leaving at 9:00 am to attend a local day program.</p> <p>Interview on 8/23/16 12:10 pm with the Owner/Administrator revealed: -Resident #1's care plan was "done by the physician". -Resident #1's care plan was "taken to the physician's office for his signature approximately 2 weeks ago, and we have not gotten it back yet". -She had "forgotten to follow-up with picking the care plan back up" from the physician's office. -She was aware a care plan was to be done annually and kept in the resident's record.</p> <p>Telephone interview on 8/23/16 at 12:25 pm with Resident #1's physician's office nurse revealed: -She remembered the facility staff gave her a care plan at their office and it was awaiting the physician's signature, but she could not remember how long ago it was given to her. -The "office and the physician was too busy at that time to retrieve it to see if the physician had signed it, and had no time to fax it" to the facility.</p> <p>B. Review of Resident #2's current FL2 dated 5/05/16 revealed diagnoses included chronic obstructive pulmonary disease, schizophrenia, gastritis, tardive dyskinesia, and insomnia.</p> <p>Review of Resident #2's record revealed: -A care plan and assessment was dated 6/22/15 that did not include any Licensed Health Professional Support (LHPS) tasks. -There was no assessment or care plan dated</p> | C 236 | | |

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| C 236 | <p>Continued From page 5</p> <p>2016.</p> <p>-An LHPS form dated 7/02/16 that listed no tasks.</p> <p>Interview on 8/23/16 at 8:55 am with Resident #2 revealed she had been a resident at the facility for 6 years, was "pretty independent" except staff administered her medications, prepared her meals and took her to her physician appointments.</p> <p>Observations of staff providing care to the resident was not conducted on 8/23/16 as she was leaving at 9:00 am to attend a local day program.</p> <p>Interview on 8/23/16 12:10 pm with the Owner/Administrator revealed: -Resident #2's care plan and assessment had been completed and was awaiting the physician's signature. -Resident #2's care plan was "taken to the physician's office for her signature approximately 2 weeks ago, and we have not gotten it back yet". -She had "forgotten to follow-up with picking the care plan back up" from the physician's office. -She was aware a care plan was to be done annually and kept in the resident's record.</p> <p>Attempted telephone interview on 8/23/16 at 12:30 pm with Resident #2's physician's office representative was unsuccessful.</p> | C 236 | | |
| C 912 | <p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and</p> | C 912 | | |

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| C 912 | <p>Continued From page 6 regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding training on cardio-pulmonary resuscitation.</p> <p>The findings are:</p> <p>Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 1 of 3 sampled staff (Staff C). [Refer to Tag 0176, 10A NCAC 13 G .0507 Training on CPR (Type B Violation).]</p> | C 912 | | |